

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032
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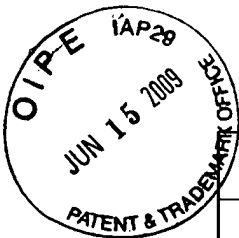
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/424,544-Conf. #8128
TOTAL AMOUNT OF PAYMENT		Filing Date	November 24, 1999
(\$)		First Named Inventor	Masumitsu Ino
1,080.00		Examiner Name	J. J. Piziali
		Art Unit	2629
		Attorney Docket No.	SON-1582

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-0013
Deposit Account Name: Rader, Fishman & Grauer PLLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- or HP =		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- or HP =		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1403 Request for oral hearing						1,080.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	24,104/40,290
Name (Print/Type)	Ronald P. Kananen/Christopher M. Tobin	Telephone	(202) 955-3750
		Date	June 15, 2009

**AMENDMENT TRANSMITTAL LETTER**Docket No.
SON-1582Application No.
09/424,544-Conf. #8128Filing Date
November 24, 1999Examiner
J. J. PizialiArt Unit
2629

Applicant(s): Masumitsu Ino et al.

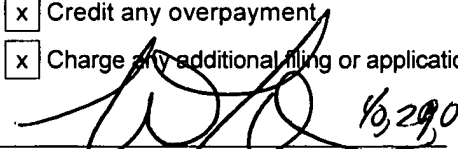
Invention: LIQUID CRYSTAL DISPLAY

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	2	- 20 =	0	x 52.00	0.00
Independent Claims	2	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Request for Oral Hearing					1080.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1080.00

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 18-0013 in the amount of \$ 1,080.00☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Ronald P. Kananen/Christopher M. Tobin
Attorney/Agent Reg. No.: 24,104/40,290

Dated: June 15, 2009

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